

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

United We Can

ADDRESS (number and street)

1800 Massachusetts Ave NW

Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00523621

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y
11 08 2016in the
State of

DC

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2016

through

M M / D D / Y Y Y Y Y Y
10 19 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hudson, Gerald, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hudson, Gerald, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 27 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

United We Can

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
10		19		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">15.66</td></tr></table>	15.66				
Y	Y	Y	Y	Y													
2016																	
15.66																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">1019254.96</td></tr></table>	1019254.96															
1019254.96																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">11092845.17</td></tr></table>	11092845.17					<table><tr><td colspan="5">22410775.36</td></tr></table>	22410775.36									
11092845.17																	
22410775.36																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">12112100.13</td></tr></table>	12112100.13					<table><tr><td colspan="5">22410791.02</td></tr></table>	22410791.02									
12112100.13																	
22410791.02																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">5827306.22</td></tr></table>	5827306.22					<table><tr><td colspan="5">16125997.11</td></tr></table>	16125997.11									
5827306.22																	
16125997.11																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">6284793.91</td></tr></table>	6284793.91					<table><tr><td colspan="5">6284793.91</td></tr></table>	6284793.91									
6284793.91																	
6284793.91																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">1006764.18</td></tr></table>	1006764.18															
1006764.18																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

United We Can

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
10		19		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7439105.32

16120172.53

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7439105.32

15792672.53

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

3653739.85

6618102.83

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

11092845.17

22410775.36

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

11092845.17

22410775.36

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

11092845.17

22410775.36

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	290700.62	462220.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	290700.62	462220.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E)	3280683.33	12039900.76
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2245922.27	3613875.86
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5827306.22	16125997.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5827306.22	16125997.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11092845.17	22410775.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11092845.17	22410775.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	290700.62	462220.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	290700.62	462220.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United We Can

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEIU Florida State Council

Mailing Address 14645 NW 77th Ave
Suite 201

City
Hialeah

State
FL

Zip Code
33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1388346.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2016

Transaction ID : C7187687

Amount of Each Receipt this Period

1388346.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City

Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13849148.79

Date of Receipt

MM / DD / YYYY
10 / 04 / 2016

Transaction ID : C7187688

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City

Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13849148.79

Date of Receipt

MM / DD / YYYY
10 / 11 / 2016

Transaction ID : C7187692

Amount of Each Receipt this Period

1050759.32

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

7439105.32

TOTAL This Period (last page this line number only)..... ►

7439105.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 60

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United We Can

A. 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City
NEW YORK

State
NY

Zip Code
10036

FEC ID number of contributing
federal political committee.

C C00348540

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

51780.18

Date of Receipt

10 / **11** / **2016**

Transaction ID : C7188975

Amount of Each Receipt this Period

51780.18

☐ Memo Item

* In-Kind: Administrative Support for Canvassing Program

B. NEXTGEN CLIMATE ACTION COMMITTEE

Mailing Address 700 13TH STREET, NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C C00547349

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4121823.95

Date of Receipt

10 / **06** / **2016**

Transaction ID : C7187690

Amount of Each Receipt this Period

550000.00

☐ Memo Item

C. NEXTGEN CLIMATE ACTION COMMITTEE

Mailing Address 700 13TH STREET, NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C C00547349

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4121823.95

Date of Receipt

10 / **11** / **2016**

Transaction ID : C7187693

Amount of Each Receipt this Period

2185293.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2787073.18

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United We Can

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PLANNED PARENTHOOD ACTION FUND INC. PAC, DBA PLANNED PARENTHOOD FEDERAL PAC

Mailing Address 123 WILLIAM ST, 10TH FLOOR

City
NEW YORK

State
NY

Zip Code
10038

FEC ID number of contributing
federal political committee.

C

C00314617

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666666.67

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C7187686

Amount of Each Receipt this Period

333333.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PLANNED PARENTHOOD ACTION FUND INC. PAC, DBA PLANNED PARENTHOOD FEDERAL PAC

Mailing Address 123 WILLIAM ST, 10TH FLOOR

City
NEW YORK

State
NY

Zip Code
10038

FEC ID number of contributing
federal political committee.

C

C00314617

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666666.67

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C7187691

Amount of Each Receipt this Period

333333.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

Mailing Address 1800 MASSACHUSETTS AVE NW

City
WASHINGTON

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

C00004036

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1443415.24

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C7187689

Amount of Each Receipt this Period

200000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

866666.67

TOTAL This Period (last page this line number only).....▶

3653739.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		11		2016

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City
NEW YORKState
NYZip Code
10036Purpose of Disbursement
Administrative Support for Canvassing Program

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00348540**Transaction ID : D368902**

Amount of Each Disbursement this Period

51780.18

* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ardleigh Group

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		05		2016

Mailing Address PO Box 12182

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Advance Payment for Canvassing Services Not Yet Disseminated

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : D368864**

Amount of Each Disbursement this Period

206745.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Pivot Group

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		05		2016

Mailing Address 1720 I Street, NW Suite 550

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Advanced Payment for Future Direct Mail Independent Expenditures Not Yet
Disseminated
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : D368845**

Amount of Each Disbursement this Period

28934.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

287459.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. The Pivot Group

Mailing Address 1720 I Street, NW Suite 550

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
T-Shirts Not Containing Express Advocacy

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

FEC Identification Number

C

Transaction ID : D368883

Amount of Each Disbursement this Period

3149.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3149.12

290608.62

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 60

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Mailing Address 1 METROTECH CENTER FL11

City
Brooklyn

State
NY

Zip Code
11201

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

FEC Identification Number

C C00626861

Transaction ID : D368830

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. Ardleigh Group

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		07		2016

Mailing Address PO Box 12182

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Non-Federal Canvassing Services

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : D368881

Amount of Each Disbursement this Period

206900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CASA In Action

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		05		2016

Mailing Address 8151 15th Ave

City
HyattsvilleState
MDZip Code
20783-3501Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : D368820

Amount of Each Disbursement this Period

115004.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CASA In Action

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		12		2016

Mailing Address 8151 15th Ave

City
HyattsvilleState
MDZip Code
20783-3501Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : D368827

Amount of Each Disbursement this Period

50000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

371904.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. Colorado People's Action

Mailing Address 700 Kalamath St

City
DenverState
COZip Code
80204Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		17		2016

FEC Identification Number

C**Transaction ID : D368829**

Amount of Each Disbursement this Period

343923.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Community Outreach Group, LLC

Mailing Address 434 W 33rd St

City
New YorkState
NYZip Code
10001-2601Purpose of Disbursement
Non-Federal Canvassing Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		11		2016

FEC Identification Number

C**Transaction ID : D368890**

Amount of Each Disbursement this Period

481757.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mack-Sumner Communications LLCMailing Address 2001 N. Beauregard St.
Suite 420City
AlexandriaState
VAZip Code
22311Purpose of Disbursement
Direct Mail Supporting PA State House Candidate

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

C**Transaction ID : D368880**

Amount of Each Disbursement this Period

8819.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

834499.31

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. Make the Road Action

Mailing Address 449 Troutman St

City
BrooklynState
NYZip Code
11237Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2016

FEC Identification Number

C**Transaction ID : D368831**

Amount of Each Disbursement this Period

23657.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Make the Road Action

Mailing Address 449 Troutman St

City
BrooklynState
NYZip Code
11237Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2016

FEC Identification Number

C**Transaction ID : D368825**

Amount of Each Disbursement this Period

23657.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. New Florida Majority

Mailing Address 8330 Biscayne Blvd

City
MiamiState
FLZip Code
33138Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2016

FEC Identification Number

C**Transaction ID : D368819**

Amount of Each Disbursement this Period

125000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

172315.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. New Florida Majority

Mailing Address 8330 Biscayne Blvd

City
MiamiState
FLZip Code
33138Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

C**Transaction ID : D368833**

Amount of Each Disbursement this Period

125000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. New Virginia Majority

Mailing Address 3801 Mount Vernon Ave

City
AlexandriaState
VAZip Code
22305Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

C**Transaction ID : D368832**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. One Pennsylvania

Mailing Address 1500 N 2nd St

City
HarrisburgState
PAZip Code
17102Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2016			

FEC Identification Number

C**Transaction ID : D368826**

Amount of Each Disbursement this Period

53000.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

278000.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. Organize Now Inc

Mailing Address 134 E Colonial Dr

City
OrlandoState
FLZip Code
32801Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	1	6		

FEC Identification Number

C**Transaction ID : D368822**

Amount of Each Disbursement this Period

175000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SEIU Florida State CouncilMailing Address 14645 NW 77th Ave
Suite 201City
HialeahState
FLZip Code
33014Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	1	6		

FEC Identification Number

C**Transaction ID : D368823**

Amount of Each Disbursement this Period

74506.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SEIU Florida State CouncilMailing Address 14645 NW 77th Ave
Suite 201City
HialeahState
FLZip Code
33014Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	6		

FEC Identification Number

C**Transaction ID : D368824**

Amount of Each Disbursement this Period

74506.16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

324012.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. SEIU Florida State CouncilMailing Address 14645 NW 77th Ave
Suite 201City
HialeahState
FLZip Code
33014Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2016					

FEC Identification Number

C**Transaction ID : D368821**

Amount of Each Disbursement this Period

145477.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Terra Strategies, LLC

Mailing Address 100 East Grand Ave. Suite 380

City
Des MoinesState
IAZip Code
50309Purpose of Disbursement
Non-Federal Canvassing Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2016					

FEC Identification Number

C**Transaction ID : D368882**

Amount of Each Disbursement this Period

84732.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Pivot Group

Mailing Address 1720 I Street, NW Suite 550

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Non-Federal Voter Canvass Literature

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				14				2016					

FEC Identification Number

C**Transaction ID : D368892**

Amount of Each Disbursement this Period

29786.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

259996.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United We Can

Full Name (Last, First, Middle Initial)

A. The Pivot Group

Mailing Address 1720 I Street, NW Suite 550

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Voter Canvass Literature Supporting Non-Federal Candidates

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			11			2016					

FEC Identification Number

C**Transaction ID : D368884**

Amount of Each Disbursement this Period

5194.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5194.80

2245922.27

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 60

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

United We Can

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Nature of Debt (Purpose):

Salary, Benefits & Other Canvass-Related Expenses

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City

NEW YORK

State

NY

Zip Code

10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : D368893

Amount Incurred This Period

603563.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

603563.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AL Media, LLC

Nature of Debt (Purpose):

Digital Advertising

Mailing Address 222 W. Ontario St.
Suite 600

City

Chicago

State

IL

Zip Code

60654

Outstanding Balance Beginning This Period

35775.00

Transaction ID : D368242

Amount Incurred This Period

56415.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

92190.52

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ardleigh Group

Nature of Debt (Purpose):

Canvassing Services

Mailing Address PO Box 12182

City

Washington

State

DC

Zip Code

20006

Outstanding Balance Beginning This Period

200000.00

Transaction ID : D366367

Amount Incurred This Period

59545.25

Payment This Period

100000.00

Outstanding Balance at Close of This Period

159545.25

1) SUBTOTALS This Period This Page (optional)..... ►

855299.72

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 60

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

United We Can

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Outreach Group, LLC

Nature of Debt (Purpose):

Canvassing Services

Mailing Address 434 W 33rd St

City

New York

State

NY

Zip Code

10001-2601

Outstanding Balance Beginning This Period

1023734.26

Transaction ID : D368238

Amount Incurred This Period

0.00

Payment This Period

1023734.26

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mack-Sumner Communications LLC

Nature of Debt (Purpose):

Direct Mail

Mailing Address 2001 N. Beauregard St.
Suite 420

City

Alexandria

State

VA

Zip Code

22311

Outstanding Balance Beginning This Period

0.00

Transaction ID : D368896

Amount Incurred This Period

20908.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

20908.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Organize Now Inc

Nature of Debt (Purpose):

Canvassing Services

Mailing Address 134 E Colonial Dr

City

Orlando

State

FL

Zip Code

32801

Outstanding Balance Beginning This Period

0.00

Transaction ID : D368897

Amount Incurred This Period

126.37

Payment This Period

0.00

Outstanding Balance at Close of This Period

126.37

1) SUBTOTALS This Period This Page (optional)..... ►

21035.09

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 60

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

United We Can

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Florida State Council PAC

Nature of Debt (Purpose):

Salary, Benefits & Other Canvass-Related Expenses

Mailing Address 14645 NW 77th Ave
Ste 201City
Miami LakesState
FLZip Code
33014

Outstanding Balance Beginning This Period

0.00

Transaction ID : D368899

Amount Incurred This Period

355.61

Payment This Period

0.00

Outstanding Balance at Close of This Period

355.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Florida State Council

Nature of Debt (Purpose):

Snacks and Water for Volunteer Canvassers,
Canvassing ServicesMailing Address 14645 NW 77th Ave
Suite 201City
HialeahState
FLZip Code
33014

Outstanding Balance Beginning This Period

1000.00

Transaction ID : D368236

Amount Incurred This Period

3299.61

Payment This Period

0.00

Outstanding Balance at Close of This Period

4299.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Local 1199 WOK

Nature of Debt (Purpose):

Estimated Cost: Salary, Benefits & Other
Canvass-Related Expenses

Mailing Address 1395 Dublin Road

City
ColumbusState
OHZip Code
43215

Outstanding Balance Beginning This Period

160000.00

Transaction ID : D368237

Amount Incurred This Period

0.00

Payment This Period

160000.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

4655.22

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 60

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

United We Can

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Terra Strategies, LLC

Nature of Debt (Purpose):
Canvassing Services

Mailing Address 100 East Grand Ave. Suite 380

City

Des Moines

State

IA

Zip Code

50309

Outstanding Balance Beginning This Period

61905.53

Transaction ID : D368240

Amount Incurred This Period

5924.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

67830.43

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Journeyman Press

Nature of Debt (Purpose):
Voter Canvass Literature

Mailing Address 11 Malcolm Hoyt Dr.

City

Newburyport

State

MA

Zip Code

01950

Outstanding Balance Beginning This Period

2044.00

Transaction ID : D368239

Amount Incurred This Period

0.00

Payment This Period

2044.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Pivot Group

Nature of Debt (Purpose):
Doorhangers, Voter Canvass Literature &
Direct Mail

Mailing Address 1720 I Street, NW Suite 550

City

Washington

State

DC

Zip Code

20006

Outstanding Balance Beginning This Period

159376.50

Transaction ID : D366365

Amount Incurred This Period

36193.72

Payment This Period

137626.50

Outstanding Balance at Close of This Period

57943.72

1) SUBTOTALS This Period This Page (optional)..... ►

125774.15

2) TOTALS This Period (last page this line number only)..... ►

1006764.18

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

1006764.18

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Ardleigh Group			<input checked="" type="checkbox"/> Memo Item		
Mailing Address PO Box 12182			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016		
City Washington		State DC	Zip Code 20006	Amount 7939.50	
Purpose of Expenditure Canvassing Services			Category/Type 001	Transaction ID : D367674 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ardleigh Group			<input checked="" type="checkbox"/> Memo Item		
Mailing Address PO Box 12182			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016		
City Washington		State DC	Zip Code 20006	Amount 51605.75	
Purpose of Expenditure Canvassing Services			Category/Type 001	Transaction ID : D367675 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016	
Name of Federal Candidate: TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				0.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Hudson, Gerald, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Organize Now Inc			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 134 E Colonial Dr			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016		
City Orlando	State FL	Zip Code 32801	Amount 18.05		
Purpose of Expenditure Canvassing Services		Category/ Type 001	Transaction ID : D367676 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Organize Now Inc			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 134 E Colonial Dr			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016		
City Orlando	State FL	Zip Code 32801	Amount 108.32		
Purpose of Expenditure Canvassing Services		Category/ Type 001	Transaction ID : D367677 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016		
Name of Federal Candidate: TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			0.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item SEIU Florida State Council			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address 14645 NW 77th Ave Suite 201			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">72.22</div>		
City Hialeah	State FL	Zip Code 33014	Transaction ID : D367678 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure Canvassing Services		Category/ Type 001	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item SEIU Florida State Council			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address 14645 NW 77th Ave Suite 201			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">433.29</div>		
City Hialeah	State FL	Zip Code 33014	Transaction ID : D367679 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure Canvassing Services		Category/ Type 001	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: TRUMP, DONALD J, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Hudson, Gerald, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item AL Media, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 222 W. Ontario St. Suite 600			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22724.16</div>		
City Chicago	State IL	Zip Code 60654	Transaction ID : D367695 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Digital Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5544.00</div>		
City Washington	State DC	Zip Code 20006	Transaction ID : D368849 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Payment for Voter Canvass Lit Disclosed on 9/28 48-HR Notice & 3rd Quarter Report		Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">5544.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hudson, Gerald, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 27 / 2016</div> </div>	
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19797.00</div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/28 48-HR Notice & 3rd Quarter Report		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Transaction ID : D368850 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 05 / 2016</div> </div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 27 / 2016</div> </div>	
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19797.00</div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/28 48-HR Notice & 3rd Quarter Report		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Transaction ID : D368851 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 05 / 2016</div> </div>	
Name of Federal Candidate: TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	39594.00
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 23 / 2016</div> </div>	
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2767.50</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : D368852 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 05 / 2016</div> </div>	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/23 48-HR Notice & 3rd Quarter Report			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate: TRUMP, DONALD J, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016	

Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 23 / 2016</div> </div>	
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3376.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : D368853 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 05 / 2016</div> </div>	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/23 48-HR Notice & 3rd Quarter Report			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate: TRUMP, DONALD J, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">6143.50</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,
 Signature

[Electronically Filed]

Date MM / DD / YYYY

10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Pivot Group <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2016	
Mailing Address 1720 I Street, NW Suite 550			Amount 9280.00	
City Washington	State DC	Zip Code 20006	Transaction ID : D368854 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 05 / 2016	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/23 48-HR Notice & 3rd Quarter Report			Category/Type 006	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee The Pivot Group <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2016	
Mailing Address 1720 I Street, NW Suite 550			Amount 9280.00	
City Washington	State DC	Zip Code 20006	Transaction ID : D368855 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 05 / 2016	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/23 48-HR Notice & 3rd Quarter Report			Category/Type 006	
Name of Federal Candidate: TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			18560.00	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hudson, Gerald, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 1720 I Street, NW Suite 550				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2401.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/20 48-HR Notice & 3rd Quarter Report				Category/Type 006	
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2016	
Mailing Address 1720 I Street, NW Suite 550				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2850.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Payment for Voter Canvass Lit Disclosed on 9/20 48-HR Notice & 3rd Quarter Report				Category/Type 006	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5251.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u> [Electronically Filed]				Date MM / DD / YYYY 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Pivot Group			<input type="checkbox"/> Memo Item		
Mailing Address 1720 I Street, NW Suite 550			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2016		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Payment for Voter Canvass Lit Disclosed on 9/20 48-HR Notice & 3rd Quarter Report			Category/Type 006		
Name of Federal Candidate: PORTMAN, ROB, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			50350.00		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: OH		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee The Pivot Group			<input type="checkbox"/> Memo Item		
Mailing Address 1720 I Street, NW Suite 550			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2016		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Payment for Voter Canvass Lit Disclosed on 9/20 48-HR Notice & 3rd Quarter Report			Category/Type 006		
Name of Federal Candidate: TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			11574673.15		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p>5700.00</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>			Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Pivot Group			<input type="checkbox"/> Memo Item		
Mailing Address 1720 I Street, NW Suite 550			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2016		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Payment for Voter Canvass Lit Disclosed on 9/20 48-HR Notice & 3rd Quarter Report			Category/Type 006		
Name of Federal Candidate: STRICKLAND, TED, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			50350.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee The Pivot Group			<input type="checkbox"/> Memo Item		
Mailing Address 1720 I Street, NW Suite 550			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/20 48-HR Notice & 3rd Quarter Report			Category/Type 006		
Name of Federal Candidate: TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			11574673.15 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			6250.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hudson, Gerald, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 23 / 2016	
Mailing Address 1720 I Street, NW Suite 550				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6575.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/23 48-HR Notice & 3rd Quarter Report				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 23 / 2016	
Mailing Address 1720 I Street, NW Suite 550				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6575.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/23 48-HR Notice & 3rd Quarter Report				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate: TRUMP, DONALD J, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px; text-align: center;"> 13150.00 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 27 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item The Journeyman Press				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2016	
Mailing Address 11 Malcolm Hoyt Dr.				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">511.00</div>	
City Newburyport		State MA		Zip Code 01950	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/22 48-HR Notice & 3rd Quarter FEC Report				Category/Type 006	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item The Journeyman Press				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2016	
Mailing Address 11 Malcolm Hoyt Dr.				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">511.00</div>	
City Newburyport		State MA		Zip Code 01950	
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/22 48-HR Notice & 3rd Quarter FEC Report				Category/Type 006	
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 521889.12				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">1022.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>				Date MM / DD / YYYY 10 / 27 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Journeyman Press			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
Mailing Address 11 Malcolm Hoyt Dr.			Amount 511.00		
City Newburyport	State MA	Zip Code 01950	Transaction ID : D368867		
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/22 48-HR Notice & 3rd Quarter FEC Report		Category/Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 05 / 2016		
Name of Federal Candidate: AYOTTE, KELLY A, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Journeyman Press			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
Mailing Address 11 Malcolm Hoyt Dr.			Amount 511.00		
City Newburyport	State MA	Zip Code 01950	Transaction ID : D368868		
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 9/22 48-HR Notice & 3rd Quarter FEC Report		Category/Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 05 / 2016		
Name of Federal Candidate: TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1022.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hudson, Gerald, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item SEIU Local 1199 WOK			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 1395 Dublin Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80000.00</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : D368869 Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016	
Purpose of Expenditure Pmt. for Salary, Benefits & Canvass Expenses Disclosed on 9/8 48-HR Notice & 3rd Quarter Report			Category/Type 001	
Name of Federal Candidate: TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item SEIU Local 1199 WOK			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 1395 Dublin Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40000.00</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : D368870 Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016	
Purpose of Expenditure Pmt. for Salary, Benefits & Canvass Expenses Disclosed on 9/8 48-HR Notice & 3rd Quarter Report			Category/Type 001	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">120000.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hudson, Gerald, , ,</u>			Date MM / DD / YYYY 10 / 27 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee <input type="checkbox"/> Memo Item SEIU Local 1199 WOK			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 1395 Dublin Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40000.00</div>		
City Columbus	State OH	Zip Code 43215	Transaction ID : D368871 Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016		
Purpose of Expenditure Pmt. for Salary, Benefits & Canvass Expenses Disclosed on 9/8 48-HR Notice & 3rd Quarter Report			Category/Type 001		
Name of Federal Candidate: STRICKLAND, TED, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">50350.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2154.00</div>		
City Washington	State DC	Zip Code 20006	Transaction ID : D368872 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016		
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 10/2 48-HR Notice & 3rd Quarter Report			Category/Type 006		
Name of Federal Candidate: TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">42154.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>		[Electronically Filed]		Date MM / DD / YYYY 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 29 / 2016 </div>	
Mailing Address 1720 I Street, NW Suite 550		Amount <div style="border: 1px solid black; padding: 2px;"> 5400.00 </div>	
City Washington	State DC		
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 10/2 48-HR Notice & 3rd Quarter Report		Category/Type <div style="border: 1px solid black; padding: 2px;"> 004 </div>	Transaction ID : D368873 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 10 / 06 / 2016 </div>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 11574673.15 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 29 / 2016 </div>	
Mailing Address 1720 I Street, NW Suite 550		Amount <div style="border: 1px solid black; padding: 2px;"> 5400.00 </div>	
City Washington	State DC		
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 10/2 48-HR Notice & 3rd Quarter Report		Category/Type <div style="border: 1px solid black; padding: 2px;"> 004 </div>	Transaction ID : D368874 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 10 / 06 / 2016 </div>
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 521889.12 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> 10800.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> _____ </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature
 Hudson, Gerald, , ,

[Electronically Filed]

Date

10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2016							
Mailing Address 1720 I Street, NW Suite 550				Amount 3600.00							
City Washington		State DC		Zip Code 20006							
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 10/2 48-HR Notice & 3rd Quarter Report				Transaction ID : D368875 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016							
Name of Federal Candidate: TRUMP, DONALD J, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____							
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2016							
Mailing Address 1720 I Street, NW Suite 550				Amount 3600.00							
City Washington		State DC		Zip Code 20006							
Purpose of Expenditure Payment for Voter Canvass Literature Disclosed on 10/2 48-HR Notice & 3rd Quarter Report				Transaction ID : D368876 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016							
Name of Federal Candidate: AYOTTE, KELLY A, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH							
Calendar Year-To-Date Per Election for Office Sought 521889.12				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ 7200.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 7200.00	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 	(a) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 7200.00										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 										
(a) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Hudson, Gerald, , ,</u> [Electronically Filed]				Date MM / DD / YYYY 10 / 27 / 2016							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Ardleigh Group				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2016	
Mailing Address PO Box 12182				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">620700.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Canvassing Services				Category/Type 001	
Name of Federal Candidate: TRUMP, DONALD J, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Ardleigh Group				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2016	
Mailing Address PO Box 12182				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">103450.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Canvassing Services				Category/Type 001	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">724150.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>				Date MM / DD / YYYY 10 / 27 / 2016	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Ardleigh Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 07 / 2016</div> </div>	
Mailing Address PO Box 12182				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">103450.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Canvassing Services				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">498766.09</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 07 / 2016</div> </div>	
Mailing Address 1720 I Street, NW Suite 550				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21912.10</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Voter Canvass Literature				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">125362.10</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-between;"> <div>10 / 27 / 2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2016							
Mailing Address 1720 I Street, NW Suite 550				Amount 21912.10							
City Washington		State DC		Zip Code 20006							
Purpose of Expenditure Voter Canvass Literature				Category/Type 006							
Name of Federal Candidate: TRUMP, DONALD J, ,				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____							
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <input checked="" type="checkbox"/> Memo Item SEIU Florida State Council				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2016							
Mailing Address 14645 NW 77th Ave Suite 201				Amount 38.10							
City Hialeah		State FL		Zip Code 33014							
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses				Category/Type 001							
Name of Federal Candidate: CRIST, CHARLIE JOSEPH, ,				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL							
Calendar Year-To-Date Per Election for Office Sought 62210.34				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">21912.10</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	21912.10	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	21912.10										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Hudson, Gerald, , , Signature				Date MM / DD / YYYY 10 / 27 / 2016							

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input checked="" type="checkbox"/> Memo Item SEIU Florida State Council PAC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 14645 NW 77th Ave Ste 201				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">304.81</div>	
City Miami Lakes		State FL		Zip Code 33014	
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: TRUMP, DONALD J, ,				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item SEIU Florida State Council PAC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 14645 NW 77th Ave Ste 201				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.80</div>	
City Miami Lakes		State FL		Zip Code 33014	
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Hudson, Gerald, , , Signature				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Pivot Group			<input type="checkbox"/> Memo Item		
Mailing Address 1720 I Street, NW Suite 550			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
City Washington		State DC	Zip Code 20006		Amount 1731.60
Purpose of Expenditure Voter Canvass Literature			Category/Type 006		Transaction ID : D368169 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee The Pivot Group			<input type="checkbox"/> Memo Item		
Mailing Address 1720 I Street, NW Suite 550			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
City Washington		State DC	Zip Code 20006		Amount 1731.60
Purpose of Expenditure Voter Canvass Literature			Category/Type 006		Transaction ID : D368170 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016
Name of Federal Candidate: TRUMP, DONALD J, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				3463.20	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Hudson, Gerald, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Pivot Group			<input type="checkbox"/> Memo Item		
Mailing Address 1720 I Street, NW Suite 550			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Voter Canvass Literature			Category/Type 006		
Amount 1731.60			Transaction ID : D368171		
Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016					
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought 498766.09				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 330 WEST 42ND STREET 7TH FLOOR			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
City NY		State NY		Zip Code 10036	
Purpose of Expenditure Salary, Benefits & Other Canvass-Related Expenses			Category/Type 001		
Amount 241425.58			Transaction ID : D368172		
Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016					
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			1731.60		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016	
Mailing Address 330 WEST 42ND STREET 7TH FLOOR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">362138.37</div>	
City NY	State NY	Zip Code 10036	Transaction ID : D368173 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016	
Purpose of Expenditure Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001		
Name of Federal Candidate: TRUMP, DONALD J, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Ardleigh Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2016	
Mailing Address PO Box 12182			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : D368885 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016	
Purpose of Expenditure Payment for Canvassing Services Disclosed on 6/22 48-HR Notice & 2nd Quarter Report		Category/Type 001		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hudson, Gerald, ,</u>			Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Community Outreach Group, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 434 W 33rd St			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2016		
City New York	State NY	Zip Code 10001-2601	Amount 255933.56		
Purpose of Expenditure Payment for Canvassing Services Disclosed on 9/22 48-HR Notice & 3rd Quarter Report		Category/Type 001	Transaction ID : D368886 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Name of Federal Candidate: TRUMP, DONALD J, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Community Outreach Group, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 434 W 33rd St			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2016		
City New York	State NY	Zip Code 10001-2601	Amount 255933.56		
Purpose of Expenditure Payment for Canvassing Services Disclosed on 9/22 48-HR Notice & 3rd Quarter Report		Category/Type 001	Transaction ID : D368887 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Name of Federal Candidate: AYOTTE, KELLY A, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 521889.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			511867.12		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hudson, Gerald, ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> 09 / 20 / 2016 </div> </div>	
Mailing Address 434 W 33rd St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 255933.57 </div>	
City New York	State NY	Zip Code 10001-2601	Transaction ID : D368888 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> 10 / 11 / 2016 </div> </div>
Purpose of Expenditure Payment for Canvassing Services Disclosed on 9/22 48-HR Notice & 3rd Quarter Report		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11574673.15 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> 09 / 20 / 2016 </div> </div>	
Mailing Address 434 W 33rd St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 255933.57 </div>	
City New York	State NY	Zip Code 10001-2601	Transaction ID : D368889 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> 10 / 11 / 2016 </div> </div>
Purpose of Expenditure Payment for Canvassing Services Disclosed on 9/22 48-HR Notice & 3rd Quarter Report		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 521889.12 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 511867.14 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

Signature

[Electronically Filed]

Date

M M M
D D D
Y Y Y Y Y Y

10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Mack-Sumner Communications LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 12 / 2016	
Mailing Address 2001 N. Beauregard St. Suite 420				Amount 10454.36	
City Alexandria		State VA		Zip Code 22311	
Purpose of Expenditure Direct Mail				Category/Type 006	
Name of Federal Candidate: TRUMP, DONALD J, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item The Pivot Group				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016	
Mailing Address 1720 I Street, NW Suite 550				Amount 55976.10	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Voter Canvass Literature				Category/Type 006	
Name of Federal Candidate: TRUMP, DONALD J, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 11574673.15				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				55976.10	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee The Pivot Group <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44699.68</div>		
City Washington	State DC	Zip Code 20006	Transaction ID : D368249 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Voter Canvass Literature		Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee The Pivot Group <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9931.68</div>		
City Washington	State DC	Zip Code 20006	Transaction ID : D368250 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Voter Canvass Literature		Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: BENNET, MICHAEL F, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">125146.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">54631.36</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Mack-Sumner Communications LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016		
Mailing Address 2001 N. Beauregard St. Suite 420			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10454.36</div>		
City Alexandria	State VA	Zip Code 22311	Transaction ID : D368443 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016		
Purpose of Expenditure Direct Mail		Category/ Type 006			
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item SEIU Florida State Council			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2016		
Mailing Address 14645 NW 77th Ave Suite 201			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">266.71</div>		
City Hialeah	State FL	Zip Code 33014	Transaction ID : D368251 Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2016		
Purpose of Expenditure Canvassing Services		Category/ Type 001			
Name of Federal Candidate: <input checked="" type="checkbox"/> Support CRIST, CHARLIE JOSEPH, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 62210.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) TOTAL Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>		[Electronically Filed]		Date MM / DD / YYYY 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can	FEC IDENTIFICATION NUMBER ▼ C C00523621
-----------------------------------------------------	---------------------------------------------------

 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item SEIU Florida State Council			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 14645 NW 77th Ave Suite 201			Amount <input type="text"/> 2133.68 Transaction ID : D368252 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Hialeah	State FL	Zip Code 33014	
Purpose of Expenditure Canvassing Services		Category/ Type <input type="text"/> 001	
Name of Federal Candidate: TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 11574673.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item SEIU Florida State Council			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 14645 NW 77th Ave Suite 201			Amount <input type="text"/> 355.61 Transaction ID : D368253 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Hialeah	State FL	Zip Code 33014	
Purpose of Expenditure Canvassing Services		Category/ Type <input type="text"/> 001	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 11574673.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

[Electronically Filed]

Date

 / /
 10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item The Pivot Group			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1720 I Street, NW Suite 550			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City Washington	State DC	Zip Code 20006	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18096.86</div>		
Purpose of Expenditure Direct Mail		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : D368353 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11574673.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item The Pivot Group			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1720 I Street, NW Suite 550			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City Washington	State DC	Zip Code 20006	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18096.86</div>		
Purpose of Expenditure Direct Mail		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : D368354 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: BENNET, MICHAEL F, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">125146.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , , [Electronically Filed]

Signature _____ Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee AL Media, LLC			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Mailing Address 222 W. Ontario St. Suite 600			Amount 16845.68		Transaction ID : D368355
City Chicago	State IL	Zip Code 60654			
Purpose of Expenditure Digital Advertising		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016		<input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee AL Media, LLC			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Mailing Address 222 W. Ontario St. Suite 600			Amount 16845.68		Transaction ID : D368356
City Chicago	State IL	Zip Code 60654			
Purpose of Expenditure Digital Advertising		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate: BENNET, MICHAEL F, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: CO
Calendar Year-To-Date Per Election for Office Sought 125146.91			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016		<input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures				0.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hudson, Gerald, , ,</i>			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Ardleigh Group			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 12182			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Canvassing Services			Category/Type 001		
Amount 106857.03			Transaction ID : D368357		
Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016			Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ardleigh Group			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 12182			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Canvassing Services			Category/Type 001		
Amount 183183.48			Transaction ID : D368358		
Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016			Name of Federal Candidate: TRUMP, DONALD J, , ,		
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 11574673.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			290040.51		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Hudson, Gerald, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 60
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Ardleigh Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address PO Box 12182				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">147546.47</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Canvassing Services				Category/Type 001	
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 498766.09				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Ardleigh Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address PO Box 12182				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">71238.02</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Canvassing Services				Category/Type 001	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 498766.09				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">218784.49</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 27 2016 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Terra Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 100 East Grand Ave. Suite 380			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4232.07</div>		
City Des Moines	State IA	Zip Code 50309	Transaction ID : D368361 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Purpose of Expenditure Canvassing Services		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J, , , <input checked="" type="checkbox"/> Oppose		
Name of Federal Candidate: TRUMP, DONALD J, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Terra Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 100 East Grand Ave. Suite 380			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1692.83</div>		
City Des Moines	State IA	Zip Code 50309	Transaction ID : D368362 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Purpose of Expenditure Canvassing Services		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Oppose		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hudson, Gerald, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Terra Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 100 East Grand Ave. Suite 380			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200681.73</div>		
City Des Moines	State IA	Zip Code 50309	Transaction ID : D368385 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Purpose of Expenditure Canvassing Services		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J, , ,		
Name of Federal Candidate: TRUMP, DONALD J, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item Terra Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 100 East Grand Ave. Suite 380			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80272.69</div>		
City Des Moines	State IA	Zip Code 50309	Transaction ID : D368386 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Purpose of Expenditure Canvassing Services		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11574673.15</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">280954.42</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hudson, Gerald, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item Terra Strategies, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 100 East Grand Ave. Suite 380		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80272.69</div>		
City Des Moines	State IA	Zip Code 50309	Transaction ID : D368387 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Canvassing Services		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate: BENNET, MICHAEL F, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: CO		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">125146.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 19 / 2016</div>		
Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State:		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">80272.69</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3280683.33</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hudson, Gerald, , ,</u>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>		